## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/701809

FILING DATE

APPLICANT(S)

CLAIMS

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DEP.	<u></u>		<u> </u>		<u> </u>	
TOTAL CLAIMS	<u> </u>					68.00
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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